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# TRANSMITTAL FORM

(to be used for all correspondence  
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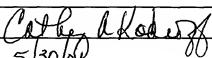
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/743,818
		Filing Date	April 26, 2001
		First Named Inventor	Anthony Steven Weiss
		Group Art Unit	1646
		Examiner Name	
Total Number of Pages in this Submission	15	Attorney Docket Number	GHC11USA

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Response/Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Payment of Issue Fee <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  7 pgs. Preliminary Amendment C with 6 pgs. Appendix A - Pending Claims
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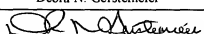
Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	
Date	5/30/01

## CERTIFICATE OF MAILING

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Typed or printed name	Debra N. Gerstemeier		
Signature		Date	5-30-2001



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# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

GHC11USA

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 9 =	
x 40 =	
+ 135 =	
TOTAL	

RATE	FEE
	\$ 710
x \$ 18 =	
x 80 =	
+ 270 =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 =	
x 40 =	
+ 135 =	
TOTAL	

RATE	ADDITIONAL FEE
x \$ 18 =	
x 80 =	
+ 270 =	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 =	
x 40 =	
+ 135 =	
TOTAL	

RATE	ADDITIONAL FEE
x \$ 18 =	
x 80 =	
+ 270 =	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 44	Minus ** 44	= 0
Independent (37 CFR 1.16(b))	* 7	Minus *** 7	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 =	
x 40 =	
+ 135 =	
TOTAL	

RATE	ADDITIONAL FEE
x \$ 18 =	0
x 80 =	0
+ 270 =	0
TOTAL	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.